

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

1112106

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1			1			
2			1			
3			1			
4		2	1	3		
5			1			
6		①	1			
7		②	1			
8		③	1			
9		④	1			
10		⑤	1	3		
11			1			
12		1	1			
13		1	1			
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50						
TOTAL IND.	2		3			
TOTAL DEP.	12	1	13	1		
TOTAL CLAIMS	14	1	16	1		

CLAIMS	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						